

IPW

PATENT

Attorney Docket No. BSI-035

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Marshik et al. CONF. NO.: 8611
SERIAL NO.: 10/795,958 GROUP NO.: 3634
FILING DATE: March 8, 2004 EXAMINER: Coulter, Andrea
TITLE: Hardware for Window Sashes

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

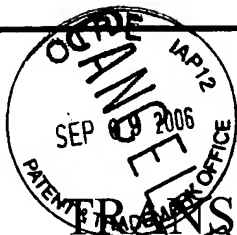
I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 5th day of September 2006.


Diane Racicot

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Submitted herewith is/are:

1. Transmittal Form (1 pg.);
2. Fee Transmittal Form (1 pg.);
3. A check in the amount of \$120.00;
4. Response to Restriction Requirement (2 pgs.);
5. Petition for Extension of Time (1 pg.); and
6. Return receipt postcard.



TRANSMITTAL FORM

| | |
|---------------------------|------------------|
| Application Serial Number | 10/795,958 |
| Filing Date | March 8, 2004 |
| First Named Inventor | Marshik |
| Group Art Unit | 3634 |
| Examiner Name | Coulter, Andrea |
| Attorney Docket No. | BSI-035 |
| Patent No. | Not yet assigned |
| Issue Date | Not yet assigned |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
| <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ___] | | |
| <input checked="" type="checkbox"/> Petition for Extension of Time | | |
| <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of SIDS Citations | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | | |

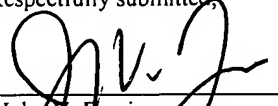
CORRESPONDENCE ADDRESS



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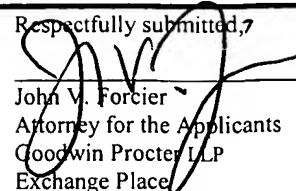
SIGNATURE BLOCK

Date: September 5, 2006
Reg. No. 42,545
Tel. No.: (617) 570-1806
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Respectfully submitted,


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| | | |
|---|---------------------------|-----------------|
|   | Complete if Known | |
| | Application Serial Number | 10/795,958 |
| | Filing Date | March 8, 2004 |
| | First Named Inventor | Marshik |
| | Group Art Unit | 3634 |
| | Examiner Name | Coulter, Andrea |
| Attorney Docket No. | | BSI-035 |

| METHOD OF PAYMENT | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------|-----------------|----------|----------|----------|--------------------|--|-----|--------------------|-------------------------------------|-----|------------------|----|--|--|-----|-----|---------------------------|--|-------|-------------------|------------------------------------|-----|-----------------|----|--|---|-----|--------------|---|------|--------|--------------|--|--------------|------|--------------------|---|--------------|------|--|--|------------|-----|--------|------------------|--|-----|------------------------|--|--|------|--------------|--------------------------|--|------|-------------------------------|---------------------------------------|---------------|------|----------|--|---|-----|--------------|---|--------|-----|-----|--|--|--|-----|---|--------------|-----|--------|--|--|-----|------|---|--|-----|----|-----------------------------------|--------------|---------------------------|--|--|------|--|---------------------|-------------|--|--|--------------|------|--------------|------|--------------|--------|--|--|--------------|-------------|
| 1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. 3. <input type="checkbox"/> Applicant claims small entity status. | 3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee (\$)</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte reexamination</td> <td></td> </tr> <tr> <td>120</td> <td>60</td> <td>Extension for reply within first month</td> <td>120.00</td> </tr> <tr> <td>450</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1020</td> <td>510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1590</td> <td>795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>2160</td> <td>1080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1000</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>400</td> <td>400</td> <td>Petitions to the Commissioner (Gp. I)</td> <td></td> </tr> <tr> <td>200</td> <td>200</td> <td>Petitions to the Commissioner (Gp. II)</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Petitions to the Commissioner (Gp. III)</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>130</td> <td>65</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify) _____</td> <td></td> <td></td> </tr> </tbody> </table> | Large Entity | Small Entity | Fee Description | Fee Paid | Fee (\$) | Fee (\$) | | | 130 | 65 | Surcharge - late filing fee or oath | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | Request for ex parte reexamination | | 120 | 60 | Extension for reply within first month | 120.00 | 450 | 225 | Extension for reply within second month | | 1020 | 510 | Extension for reply within third month | | 1590 | 795 | Extension for reply within fourth month | | 2160 | 1080 | Extension for reply within fifth month | | 500 | 250 | Notice of Appeal | | 500 | 250 | Filing a brief in support of an appeal | | 1000 | 500 | Request for oral hearing | | 400 | 400 | Petitions to the Commissioner (Gp. I) | | 200 | 200 | Petitions to the Commissioner (Gp. II) | | 130 | 130 | Petitions to the Commissioner (Gp. III) | | 180 | 180 | Submission of Information Disclosure Statement | | 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | 100 | 100 | Certificate of Correction for applicant's error | | 130 | 65 | Submission of Terminal Disclaimer | | Other fee (Specify) _____ | | | | Other fee (Specify) _____ | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | Request for ex parte reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 60 | Extension for reply within first month | 120.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 450 | 225 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1020 | 510 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1590 | 795 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2160 | 1080 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | 250 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | 250 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1000 | 500 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 400 | 400 | Petitions to the Commissioner (Gp. I) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | 200 | Petitions to the Commissioner (Gp. II) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner (Gp. III) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 100 | Certificate of Correction for applicant's error | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Submission of Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (Specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FEE CALCULATION 1. FILING/SEARCH/EXAM/SIZE FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>300</td><td>Utility filing fee</td><td></td></tr> <tr><td>500</td><td>Utility search fee</td><td></td></tr> <tr><td>200</td><td>Utility exam fee</td><td></td></tr> <tr><td>250</td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td></tr> <tr><td>200</td><td>Design filing fee</td><td></td></tr> <tr><td>100</td><td>Design search fee</td><td></td></tr> <tr><td>130</td><td>Design exam fee</td><td></td></tr> <tr><td>250</td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Number Filed</th> <th style="text-align: left;">Number Extra</th> <th style="text-align: left;">Rate</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td> <td>\$360.00 =</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL:</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td></td> <td>(\$)</td> </tr> </tbody> </table> 2. AMENDMENT CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Claims Remaining After Amend.</th> <th style="text-align: left;">Highest No. Previously Paid For</th> <th style="text-align: left;">Present Extra</th> <th style="text-align: left;">Rate</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td> <td></td> <td>+ \$360.00 =</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL:</td> <td></td> <td></td> <td>(\$)</td> </tr> <tr> <td colspan="2" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> <td></td> <td>(\$)</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (2)</td> <td></td> <td></td> <td>(\$)</td> </tr> </tbody> </table> | Large Entity | Fee Description | Fee Paid | Fee (\$) | | | 300 | Utility filing fee | | 500 | Utility search fee | | 200 | Utility exam fee | | 250 | Utility size fee (each add'l 50 pgs. over 100) | | 200 | Design filing fee | | 100 | Design search fee | | 130 | Design exam fee | | 250 | Design size fee (each add'l 50 pgs. over 100) | | Number Filed | Number Extra | Rate | Amount | Total Claims | - 20 = | x \$ 50.00 = | | Independent Claims | - 3 = | x \$200.00 = | | <input type="checkbox"/> Multiple Dependent Claim(s), if any | | \$360.00 = | | TOTAL: | | | | SMALL ENTITY DISCOUNT: | | | | SUBTOTAL (1) | | | (\$) | Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid | Total | - | = | x \$ 50.00 = | | Indep. | - | = | x \$200.00 = | | <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$360.00 = | | TOTAL: | | | | (\$) | SMALL ENTITY DISCOUNT: | | | | (\$) | SUBTOTAL (2) | | | | (\$) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">SUBTOTAL (3)</td> <td style="border: 1px solid black; width: 100px; text-align: center;">(\$ 120.00)</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (1)</td> <td style="border: 1px solid black; text-align: center;">0.00</td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (2)</td> <td style="border: 1px solid black; text-align: center;">0.00</td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (3)</td> <td style="border: 1px solid black; text-align: center;">120.00</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="border: 1px solid black; text-align: center;">(\$ 120.00)</td> </tr> </table> | SUBTOTAL (3) | (\$ 120.00) | | | SUBTOTAL (1) | 0.00 | SUBTOTAL (2) | 0.00 | SUBTOTAL (3) | 120.00 | | | TOTAL | (\$ 120.00) |
| Large Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 300 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | Utility search fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | Utility exam fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | Utility size fee (each add'l 50 pgs. over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | Design search fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | Design exam fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | Design size fee (each add'l 50 pgs. over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414 | SIGNATURE BLOCK Respectfully submitted,  Date: September 5, 2006 Reg. No.: 42,545 Tel. No.: (617) 570-1607 Fax No.: (617) 523-1231 John V. Forcier Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |